

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 484362 ✓

1. Entity Name

PRECISION MANUFACTURING AND SALES, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90195 047 \*\*\*158.75

Principal Place of Business

Mailing Address

2140 Range Road  
Clearwater, FL 33765  
US

2140 Range Road  
Clearwater, FL 33765  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1716414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Brunet, Normand & Edna  
108 Aleta Drive  
Belleair Beach, FL 33786

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUNET, NORMAND A.	
STREET ADDRESS	108 ALETA DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE	VDS7	<input type="checkbox"/> Delete
NAME	BRUNET, EDNA C.	
STREET ADDRESS	108 ALETA DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH FL	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edna C Brunet Edna C. Brunet  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/00 727-442-4025  
Date Daytime Phone \*

CR2E034 (9/99)